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APPLICANTS

Claude Negrier, Irigny, FRANCE;
 Marie Helene Rodriguez, Lyon, FRANCE;
 Nathalie Enjolras, Caluire, FRANCE;

**** CONTINUING DATA *********** FOREIGN APPLICATIONS *******

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IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

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Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY FRANCE	SHEETS DRAWING 12	TOTAL CLAIMS 7	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>				

ADDRESS

22852

TITLE

DNA-CONSTRUCT FOR THE TISSUE-SPECIFIC EXPRESSION OF A BLOOD COAGULATION FACTOR

FILING FEE RECEIVED 690	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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